

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013839

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3743** STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2350 Biddle	
3. NAME OF DECEASED (Type or print) Bertha		4. DATE OF DEATH Month 3 Day 30 Year 63	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nat		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Isom Wilburn		11b. MOTHER'S MAIDEN NAME Belle Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		17. INFORMANT Address Emily Clark- 2350 Biddle St., #306	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dry Gangrene of Toes- Pleural Effusion, Undetermined Etiology		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:20 a.m. 0 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis County, Mo.	
21. I attended the deceased from 3-20-63 to 3-30-63 and last saw her alive on 3-30-63		22. DATE SIGNED 3-30-63	
22a. SIGNATURE <i>J. O. Wilburn</i>		22b. ADDRESS 2601 N. Whittier	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-3-63	
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR G. Wade Granberry		25. DATE RECD. BY LOCAL REG. APR 1 1963	
26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>		27. ADDRESS 4202 Finney Ave.,	

Missouri
St. Louis
3350 Bidale

St. Louis
Robert G. Phillips

33 30 3

3-10-40
3-10-40
3-10-40

Female
Negro
3-10-40

Isabel Williams
Wells Williams
3-10-40

Arteriosclerotic Heart Disease
Undet.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
X
or by Undetermined Situation - 3350 Bidale St., St. Louis Student Embalmer No. _____
working under my personal supervision. X

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

3-10-40 3-10-40 3-10-40
Licensed Embalmer No. 4444
6 24: P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.